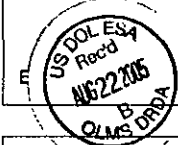


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12806</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Eugene C. Rome, Jr.</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>2306 Glenn Street</u> City <u>Bettendorf</u> State <u>IA</u> ZIP Code + 4 <u>52722-3820</u>	4. Name, file number, and address of labor organization. Name <u>I.U.P.A.T. Local Union # 676</u> Labor Organization File Number <u>006-685</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 3157</u> Street <u></u> City <u>Davenport</u> State <u>IA</u> ZIP Code + 4 <u>52808-3157</u>
5. Position in labor organization. <u>Retired Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (Including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Eugene C. Rome

On

8/15/05  
Date

(563) 355-7577  
Telephone Number

Name of Person Filing <b>Eugene C. Rome, Jr.</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Illinois State Painters Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 200**

Street **1000 Burr Ridge Parkway**

City **Burr Ridge**

State **IL** ZIP Code + 4 **60527-0845**

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**Reimbursement of expenses incurred attending Trustee meeting on 3-5-04**

mileage -	\$127.75
Parking -	\$34.00
meals -	\$22.15
Taxes -	\$19.40
Tips -	\$5.00

12.b. Amount.

**\$198.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <b>Eugene C. Rome, Jr.</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	9. Business deals with:  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <b>Illinois State Painters Welfare Fund</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any <b>Suite 200</b>  Street <b>1000 Burr Ridge Parkway</b>  City <b>Burr Ridge</b>  State <b>IL</b> ZIP Code + 4 <b>60527-0845</b>	11.a. Nature of such dealing.  <div style="border: 1px solid black; height: 80px; width: 100%;"></div>  11.b. Approximate dollar value of such dealing. _____  12.a. Nature of interest held or income received. <b>Illinois State Painters Welfare Fund</b> <b>Reimbursed OBA Midwest, Ltd.</b> <b>1000 Burr Ridge Parkway, Burr Ridge, IL</b> <b>60527, Administrator of Fund, For The</b> <b>Hotel Room of Trustee, Eugene C. Rome</b> <b>the Night of 3-4-04.</b>
	12.b. Amount. <b>\$ 176.00</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	14.a. Nature of payment.  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

Name of Person Filing <b>Eugene C. Rome, Jr.</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **OBA Midwest, Ltd.**  
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any **Suite 200**  
 Street **1000 Burr Ridge Parkway**  
 City **Burr Ridge**  
 State **IL** ZIP Code + 4 **60527-0848**

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Illinois State Painters Welfare Fund**  
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any **Suite 200**  
 Street **1000 Burr Ridge Parkway**  
 City **Burr Ridge**  
 State **IL** ZIP Code + 4 **60527-0848**

11.a. Nature of such dealing.

**OBA Midwest, Ltd. is the Administration of the Trust Fund, Illinois State Painters Welfare Fund.**

11.b. Approximate dollar value of such dealing.

**\$116,000.00**

12.a. Nature of interest held or income received.

**OBA Midwest provided dinner on 3-4-04 for Trustees, Spouses, Guests and Plan Professionals.**  
**Dinner for Trustee - \$120.00**  
**Dinner for Spouse - \$99.00**

12.b. Amount.

**\$222.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street   
 City   
 State   
 ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Eugene C. Rome, Jr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Illinois State Painters Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Suite 200

Street

1000 Burr Ridge Parkway

City

Burr Ridge

State

IL

ZIP Code + 4

60527-0845

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses incurred attending Trustee meeting 5-21-04

Mileage	-	\$127.75
Hotel	-	\$285.63
Meals	-	\$23.36
Taxis	-	\$19.00
Tips	-	\$10.00

12.b. Amount.

\$466.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing <b>Eugene C. Rome, Jr.</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>OBA Midwest, Ltd.</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 200</b></p> <p>Street <b>1000 Burr Ridge Parkway</b></p> <p>City <b>Burr Ridge</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60527-0845</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Illinois State Painters Welfare Fund</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 200</b></p> <p>Street <b>Burr Ridge Parkway</b></p> <p>City <b>Burr Ridge</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60527-0845</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>OBA Midwest is The Administrator of The Trust Fund, Illinois State Painters Welfare Fund.</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$116,000.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>OBA Midwest, Ltd. provided Dinner on 5-20-04 for The Trustees, Spouses, Guests and Plan Professionals.</b></p> <p style="padding-left: 40px;"><b>Dinner For Trustee - \$120.00</b></p> <p style="padding-left: 40px;"><b>Dinner For Spouse - \$111.00</b></p> <p>12.b. Amount. <b>\$231.00</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing

Eugene C. Rome, Jr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (Including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Illinois State Painters Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Suite 200

Street

1000 Burr Ridge Parkway

City

Burr Ridge

State

IL

ZIP Code + 4

60527-0845

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of Expenses incurred attending Trustee meeting 9/9/04-9/10/04

Mileage -	\$127.75
Parking -	\$70.00
Meals -	\$63.57
Taxis -	\$24.00
Tips -	\$15.00

12.b. Amount.

\$300.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

☐

or Consultant

☐

?

14.b. Amount of payment.

Name of Person Filing <b>Eugene C. Rome, Jr.</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Illinois State Painters Welfare Fund</b></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 200</b></p> <p>Street <b>1000 Burr Ridge Parkway</b></p> <p>City <b>Burr Ridge</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60527-0845</b></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; margin: 5px;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Illinois State Painters Welfare Fund paid The Hyatt Regency Hotel (Chicago) For The Hotel Room of Trustee Eugene C. Rome For The nights of 9-8-04 and 9-9-04.</b></p> <p>12.b. Amount. <b>\$468.00</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100%;" type="text"/></p>



Name of Person Filing <b>Eugene C. Rome, Jr.</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **OBA Midwest, Ltd.**  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any **Suite 200**  
Street **1000 Burr Ridge Parkway**  
City **Burr Ridge**  
State **IL** ZIP Code + 4 **60527-0845**

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **ILLINOIS STATE Painters Welfare Fund**  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any **Suite 200**  
Street **Burr Ridge Parkway**  
City **Burr Ridge**  
State **IL** ZIP Code + 4 **60527-0845**

11.a. Nature of such dealing.

**OBA Midwest, Ltd. is the Administrator of The Trust Fund, Illinois State Painters Welfare Fund.**

11.b. Approximate dollar value of such dealing.

**\$116,000.00**

12.a. Nature of interest held or income received.

**OBA Midwest provided dinner on 9-8-04 For Trustees spouses, Guests, and Plan Professionals.**

**Dinner for Trustee - \$115.00**

**Dinner for spouse - \$105.00**

12.b. Amount.

**\$220.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State   
ZIP Code + 4

14.a. Nature of payment.

--

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

--

Name of Person Filing

Eugene C. Rome, Jr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Illinois State Painters Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Suite 200

Street

1000 Burr Ridge Parkway

City

Burr Ridge

State

IL

ZIP Code + 4

60527-0845

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Illinois State Painters Welfare Fund  
Paid Registration Fee and Hotel Room  
Deposit on 10-18-04 To International  
Foundation of Employee Benefit Plans  
on behalf of Trustee, Eugene C. Rome  
For Conference in Honolulu on  
11-13-05 - 11-16-05.

12.b. Amount.

\$1,310.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

☐

or Consultant

☐

?

14.b. Amount of payment.

Name of Person Filing

Eugene C. Rome, Jr.

File Number U-

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., If any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Illinois State Painters Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., If any

Suite 200

Street

1000 Burr Ridge Parkway

City

Burr Ridge

State

IL

ZIP Code + 4

60527-0845

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses incurred attending Trustee meeting 12-10-04.

Mileage	\$131.25
Parking	\$35.00
meals	\$20.03
Taxis	\$0.00
TIPS	\$5.00

12.b. Amount.

\$200.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., If any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing <b>Eugene C. Rome, Jr.</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Illinois State Painters Welfare Fund</b></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 200</b></p> <p>Street <b>1000 Burr Ridge Parkway</b></p> <p>City <b>Burr Ridge</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60527-0845</b></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 80%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Illinois State Painters Welfare Fund Paid The Sheraton Hotel (Chicago) For The Hotel Room of Trustee, Eugene C. Rome For The Night of 12-9-04.</b></p> <p>12.b. Amount. <b>\$158.46</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 80%;" type="text"/></p>

Name of Person Filing <b>Eugene C. Rome, Jr.</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: <b>Illinois State Painters Welfare Fund</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <b>Suite 200</b></p> <p>Street: <b>1000 Burr Ridge Parkway</b></p> <p>City: <b>Burr Ridge</b></p> <p>State: <b>IL</b> ZIP Code + 4: <b>60527-0845</b></p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><b>Reimbursed Expenses Incurred Attending IFEBP Educational Conference in New Orleans, LA 12-1-04 - 12-4-04</b></p> <p><b>Airfare \$266.41 Taxis \$81.00</b></p> <p><b>Hotel \$1,195.85 Telephone \$3.00</b></p> <p><b>Meals \$300.23 Porters \$14.00</b></p> <p>12.b. Amount. <b>\$1,860.00</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>

Name of Person Filing <b>Eugene C. Rome, Jr.</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **OBA Midwest, Ltd.**  
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any **Suite 200**  
 Street **1000 Burr Ridge Parkway**  
 City **Burr Ridge**  
 State **IL** ZIP Code + 4 **60527-0845**

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Illinois State Painters Welfare Fund**  
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any **Suite 200**  
 Street **Burr Ridge Parkway**  
 City **Burr Ridge**  
 State **IL** ZIP Code + 4 **60527-0845**

11.a. Nature of such dealing.

**OBA Midwest, Ltd. is the Administrator of The Trust Fund, Illinois State Painters Welfare Fund.**

11.b. Approximate dollar value of such dealing.

**\$116,000.00**

12.a. Nature of interest held or income received.

**OBA Midwest, Ltd. provided dinner on 12-9-04 for the Trustees, spouses, Guests and Plan Professionals.**  
**Dinner For Trustee - \$120.00**  
**Dinner For Spouse - \$95.00**

12.b. Amount.

**\$215.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street   
 City   
 State   
 ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.

*Eugene C. Rome, Jr.*